## LABOR COMPLIANCE PROGRAM ANNUAL REPORT

	Report for the reporting period:	06/01/09	05/31/10	_	v
Name of Labor Compliand     Victor Elementary Scho					
2. LCP I.D. Number (assigne 2003.00257	ed by DIR):				
3. Date of Initial Approval: June 13, 2003					
4. Contact Person Name: Address: Phone: Fax: Email:	Vince Maciel 15579 8th Street, Victorville, CA 9239 760-245-1691 760-245-6245 vmacial@vesd.net	92-3262			
Yes If yes, procee	§ 1771.5 enforcement activities during the ded to item 6 on the next page plete the information below, sign the form 10th Floor, San Fransisco CA 94102			LCP Special Assistant,	
What suggestions do you (attach additional sheets i	have for the Department of Industrial Ref f necessary)?	elations to better assist you	u with your program in	the coming year	
SUBMITTED BY:	Signature	Vince Maciel / Fa Name / Title	cilities Supervisor	June 1, 2010 Date	